

Baccalaureate Training in Health Planning and Administration

A Progress Report

BACCALAUREATE PROGRAMS in health administration and health planning are being developed throughout the country. At least 40 are known to be in operation, and many others are being seriously considered. Most of these programs seem to emphasize day-to-day management of health agencies, rather than policy planning and administration. Few programs focus on planning skills as an educational objective.

Pennsylvania State University has been a pioneer in offering undergraduate training for planners and administrators (1). Initiated in 1968, the curriculum is strongly rooted in the social sciences and stresses conceptual skills needed for policy roles in both planning and administration of health programs. This approach is founded on the views of several writers.

Roemer stated in 1962 that "it is best to conceive of medical care administration as an aspect not of clinical medicine, but rather of administration. It deals with groups and not as the doctor at the bedside with individuals. Its foci of concern are not biological or chemical, but rather interpersonal, economic, political, and social" (2).

Hanlon reiterated this view when he wrote that the "public health administrator typically finds himself called upon to make fewer and fewer decisions in the technical, professional, and scientific aspects of public health since he is too busy, or should be, with broader policy matters. Besides, he has or should have working for him many other experts who are better able to handle the strictly technical details. To the contrary, more and more of the public health administrator's time must be devoted to strictly administrative and managerial problems—how to obtain funds, how to get people to work together, how to deal with other parts of government and with the public, and similar nonpublic health or nonmedical matters" (3a).

Describing the traditional genesis of public health administrators, Hanlon noted that the rising health specialist "has now passed out of the orbit of the specialized public health spiral and has entered the larger orbit of

public administration. He has become a public administrator with particular interest in health matters" (3b).

The widespread acceptance of this thesis is evidenced by the report of the National Commission on Community Health Services (4):

Modern programs of organized health care require specialized talent and training in the social and administrative sciences, as well as in the health sciences. Traditionally, the top-level administration of health services has been under the almost exclusive direction of physicians. As programs of organized health services have increased in scope and complexity, it has become increasingly clear that the years of clinical training for physicians do not necessarily equip them for the task involved. Training in administration should be available for physicians who wish to enter administrative fields.

Hospitals have pioneered in the use of non-medical administrators. Through careful definition of administrative and clinical responsibilities, the administrator in many hospitals has been able to work in partnership with physicians to provide progressive administration of health services. In programs of community health services as well, informed, imaginative, and influential leadership by qualified administrators can achieve efficiency and fulfill the potential of these programs. Special emphasis must be given to securing and preparing top-level health service administrators for responsible positions of leadership in health. This will entail selective recruitment and training that includes administrative management, economics, sociology, and political science.

The educational approach of the Penn State program is in no way meant to demean the skills needed for internal management; such skills are vital to the health industry. Rather, the program was designed to meet a recognized need of health agencies for talented young people especially trained for leadership roles. With the attention to health planning engendered by the National Health Planning and Resources Development Act of 1974, the need for such personnel can be expected to increase.

Curriculum Requirements and Options

The typical student majoring in health planning and administration (HPA) at Penn State takes at least three

courses in political science and community development, including study of the structure and operations of local government; at least three courses in economics, including public finance; and at least two courses in quantitative methods. From this base, all students are required to take the following professional courses taught by the HPA faculty. All of these are three-credit courses.

Medical Care Organization: Examination of social, political, economic, historic, and scientific factors in the development and organization of the health services delivery system.

Principles of Public Health Administration: The rationale for, and the patterns of, public health service at all levels of government in the United States.

Principles of Health Planning: Theoretical foundations for health planning; effect of health planning on program development and in social change.

Health Planning Methods: Introduction to comprehensive planning and program planning, and the methodology employed in planning for health services, facilities, and manpower.

Health Systems Management: Evaluation and management of health programs and facilities with emphasis on system theory models applicable to health care organizations.

Health Systems Theory: Review and analysis of the various theoretical models of the administrative organization as applied to the health field.

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Epidemiologic Basis for Planning: Theory of epidemiology and significant case studies, relevancy of theory and practice to health planning and health systems analysis.

Environmental Health: Introduction to the identification, evaluation, and control of environmental hazards; and the biological basis for the evaluation of the human environment.

Health Care and Medical Needs: Health care from an individual, family, and community standpoint illustrated with specific diseases and health problems.

Health Economics: The application of economic principles and analysis to the health sector, with emphasis on current issues.

HPA students are also required to spend 1 term of 10 weeks off campus acquiring work experience. Most students take this internship, or practicum, after their junior year. They work in various kinds of health agencies in Pennsylvania and elsewhere, including general hospitals, State and areawide comprehensive health planning agencies, mental health facilities, and local health departments. The student, rather than the faculty, secures the internship, because the faculty believes that the search itself is an important learning experience.

The students majoring in HPA have ample electives available to fill out their curriculums in line with their professional interests. Although most students follow the social policy thrust of the curriculum, many are interested in the business administration aspects of health management; others, in mental health administration or environmental health; and some, in premedical studies. Generally, the electives in special subjects are given in other departments of the university, such as labor studies, business administration, accounting, or biology.

Selection of Students

Almost any university student in good standing can elect to major in health planning and administration. The HPA faculty, however, discourages students whose academic performance is marginal from entering the

program. Generally, the faculty expects students to perform at least with a B average in HPA courses, as well as in courses offered by the departments of political science, sociology, and economics. Enrollment limits may soon have to be set because of limited resources available, but this action would cause problems, especially with the increase in interest, by both students and health agencies, expected as a result of the National Health Planning and Resources Development Act.

Graduates and Their Employment

There were 87 graduates from the program by June 1974. By May 1976 the total number of graduates was expected to reach 238, of whom 82 will graduate in the 1975-76 academic year. In the spring of 1976, 213 students were majoring in HPA on the main campus of the university, most of them juniors and seniors. Additional students are expected to enter the program from the university's outlying campuses.

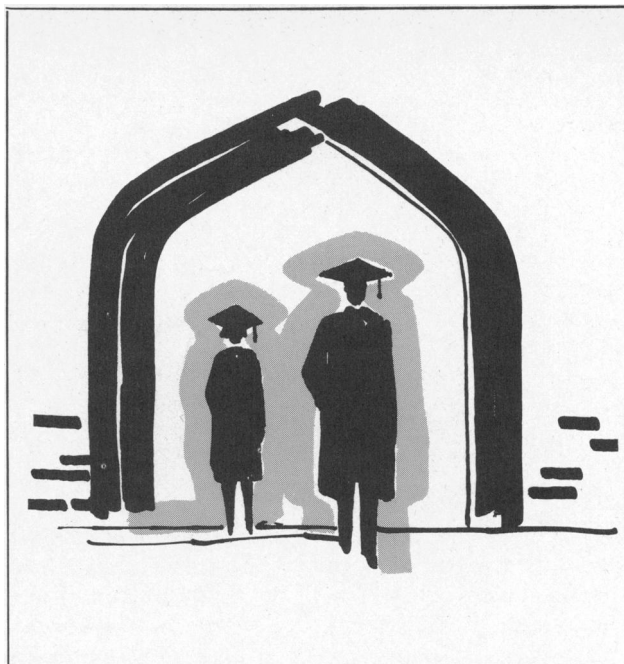
A survey of the 87 graduates as of June 1974 indicated they were initially employed as follows:

<i>Employment status</i>	<i>Number of graduates</i>
State comprehensive health planning agency ----	3
Areawide comprehensive health planning agency -	12
International health planning -----	1
Regional medical program -----	1
Hospital association -----	1
General hospital (including 2 in nursing service)	8
Public health nursing service -----	1
Visiting nurse association administration -----	1
Nursing home administration -----	3
Health department (including 2 formerly with Vista) -----	4
Industrial hygiene -----	1
Health education center -----	2
Heart association -----	1
Blue Cross -----	2
Medical school—health program administration --	1
Other university—health administration -----	1
Graduate school student—planning or administration (part-time students not included) -----	6
Medical school student -----	3
Nursing school student -----	2
Other graduate school student -----	4
Armed Forces (including 2 assigned to hospital administration) -----	4
Juvenile probation officer -----	1
Outside health field -----	9
Other (housewives, no response to survey, unable to locate, or unemployed) -----	15

Most starting salaries ranged from \$9,000 to \$11,500, with a trend toward the \$10,000-\$11,000 range for the more recent graduates. The highest starting salary reported was \$12,000. (Since that survey, one agency reported a starting salary of \$13,000.)

No formal survey of employers has been conducted to determine their satisfaction with HPA graduates. Intervention in the employer-employee relationship was thought to be unethical and legally questionable. Indirect evidence, however, suggests the degree of employer satisfaction.

Of the eight graduates working in general hospitals, six were in administrative or planning positions, and



four of these have received at least one promotion. Of 11 State and areawide comprehensive health planning agencies employing our graduates, seven agencies sought to hire or did hire one additional graduate. One of the planning agencies, on losing a graduate to another agency, called the university and asked for someone just like the one it lost.

Employers' responses to the practicum students also indicate their satisfaction. Although no records have been kept, a significant number of students have reported job offers from the agencies in which they took their practicum. Further, an increasing number of agencies are taking practicum students term after term, indicating overall satisfaction with the performance of past students. Several agencies asked in 1975 to regularize the rotation of students so that each agency would always have one on its staff.

We have had unfavorable reports on only two graduates. Such reports of course can have any number of causes. Training deficiencies are one possibility, but agency shortcomings such as inappropriate screening and selection, as well as employee shortcomings not related to the quality of professional training, are also possible. In any event, adverse reports are not currently of academic concern.

Students' Evaluation

In the survey of graduates, all those graduating by March 1974 were also asked to evaluate the HPA program in retrospect. Their most frequent criticism was that the content was not practical enough. Some students spoke in terms of "nuts and bolts" courses; other believed that field trips would have been most helpful. To the question of which aspects of the program were

especially helpful, the following are representative replies:

The student to faculty relationship on a professional to future professional basis was extremely helpful.
Close student-faculty relationship, the flexibility of the program, and the small classes were the *best* features.
The faculty of the HPA program.
Flexibility in course selection and area of study; personal interest and attention of HPA faculty and staff.
The flexibility of the HPA program was extremely valuable.
Emphasis placed on written reports; small classes; arguments with instructors.
I believe I had an *excellent* preparation.
The HPA educational experience has been vital to my career goal in health administration. I'm proud to be a graduate of the Penn State program.

To obtain more information on students' opinions of the program, the 86 students enrolled in 4 of the advanced courses in October 1974 were asked to complete a questionnaire. Not all the students answered every question, but the following results indicate their views:

Item	Number of students	
	Adequate	Inadequate
Range of course offerings -----	65	21
Frequency of course offerings -----	58	27
Flexibility of curriculum -----	76	9
Size of classes -----	40	46
Availability of faculty -----	68	17
Library holdings -----	61	19
Student HPA organization -----	30	40

Thus, except for class size, the majority of these students seemed pleased with the program, particularly the faculty. Similar views were expressed in answer to the question, What do you like about the program? The three most frequently mentioned "likes" were: good curriculum, by 17 students; flexibility of curriculum, by 17; and faculty, by 16. The following are samples of the students' comments about the program, all of which pertained to the faculty.

I like the quality of teachers here at PSU in the HPA program. We might not have enough faculty for the program, but the ones we have deserve recognition. They for the most part are very helpful.
I feel that the departmental staff is one of the most effective and efficient staffs within the university.
I also like the friendliness of the profs in HPA—they help you when you need it!
... and the faculty is generous with their time.
The professors are realistic and in touch with the world.

The concern of almost one-fourth of the students about the range of course offerings, however, deserves some attention. This concern, expressed as well by the graduates previously surveyed, was also evident in replies to the question, What don't you like about the HPA program? Seventeen students mentioned "lack of practical courses" or "too much planning and theory." Since the uniqueness of the Penn State program is its emphasis on theoretical and conceptual skills, whether

or not to modify the program to meet this criticism poses a dilemma, and the question is still under consideration. On graduation, students' perceptions sometimes change, as illustrated by the following comment from a recent graduate: "I may add that my PSU education prepared me quite well—those general planning courses that I disliked in school are now paying off as I apply them"

Other aspects of the program that some students considered inadequate are in part at least the result of a shortage of faculty. More than half of the students thought classes were too large. The introductory course, Medical Care Organization, for example, typically has an enrollment of more than 90 students, as does Public Health Administration, an advanced course. Other classes have 40 or 45 students. Also, more than one-fourth of the students believed that courses were not offered frequently enough for them to schedule them appropriately, and seven students specified "limited number of courses available" as what they disliked most about the program. (Other "dislikes" were mentioned by no more than four students.)

Asked to rate the academic rigor of the HPA major, the students replied as follows (they were told to check more than one answer if appropriate): easy, 2; moderately difficult, 47; demanding, 42; rigorous, 15; too difficult, 0.

The students were also asked, What is your assessment as to the desirability or need for a master's degree in order to advance in the health field? Forty-nine said it was not needed initially, but 27 considered it essential and 9 indicated concern that it might be needed.

The responses to this question showed clearly that many of the 49 students who considered a master's degree unnecessary were relying on faculty advice—that the Penn State baccalaureate program contains most of the material covered by many graduate programs, that the health field is not yet sufficiently aware of the kind of training provided Penn State undergraduates, and that graduates from Penn State have been able to compete successfully for positions with candidates holding master's degrees. This trust in the faculty is indeed sobering.

The other two groups seemed to base their views on job listings which call for advanced degrees and conversations with some health professionals, particularly hospital administrators.

Faculty Resources

Original plans for the Penn State undergraduate program called for assignment of nine full-time faculty members. At no time, however, has the faculty reached this number. For the 1975-76 year, there were seven faculty members, but no more than five full-time equivalents teaching at any one time. The faculty consisted of two physicians with MPH degrees, four members with PhD degrees, and one with a BDS (bachelor of dental surgery, from Australia) and MA degrees.

Competency areas covered by the faculty include public health and human resources administration, environmental health, health economics, health research methodology, health and hospital administration, health planning (including mental health and mental retardation), health systems theory, epidemiology, and evaluation research.

Professional Versus General Education

Educators are constantly striving to improve programs of learning, and in so doing tend to revise upward their opinions of the knowledge students need. Graduate students are told what skills they must develop and the areas of knowledge required for their comprehensive or oral examinations, but they have a flexible time period and can prepare independently to meet the requirements. Baccalaureate students, however, do not have this flexibility. Rather, a degree is awarded upon acquisition of a specified number of credits. The faculty must therefore consider carefully what courses will be required and how to achieve an appropriate balance of professional and general education courses. Addition of a required or optional professional course will inevitably mean less opportunity for the student to take important cultural enrichment courses which contribute to a better understanding of society and life. In practical terms, is another course in advanced studies in health systems more important than, say, a course in modern philosophy, urban geography, or political science?

The Penn State program has a strong foundation in the social sciences, and although the faculty senses pressure for additional professional courses, it has resisted inroads of excessive professionalism. The underlying philosophy is that professional education at the baccalaureate level is appropriate provided that a healthy balance is struck between professional and nonprofessional requirements. Since the program began, the faculty has added two professional courses to the essential list: Epidemiology and Health Economics. Although the academic program is not geared to any particular legislation, course content must also be adapted to new developments, and the overall program design must be sensitive, but not subservient, to new legislative thrusts if the graduates' training is to be relevant. The National Health Planning and Resources Development Act of 1974 is significant in this regard. If new courses are introduced, however, what is to be given up? If additional professional courses are required, how will the change affect the kind of students attracted to the curriculum? There are no hard and fast answers. There are, rather, dilemmas which the faculty must consider carefully.

Requisites for a Professional Curriculum

Students in a health training program need a realistic picture of the health field and how they will fit into it. The practicum, or internship, has been invaluable in dealing with these concerns. However, the practicum

comes rather late in the academic program, usually in the final year. It is not taken until the student has completed most of the professional courses. With the knowledge and skills from the professional courses, the student is prepared for an optimal learning experience in the field.

Some students have suggested two internships, one early and one late in the program. Although this would have certain advantages, it poses three problems. First, health agencies may not want students with little academic training in the health field. Second, another internship would raise the question of how many professional credits are appropriate in a baccalaureate program. Third, it could mean increased costs for the student because not all students are paid by the health agencies during the practicum and many students must earn a portion of their college expenses.

Field trips to acquaint students with the health field have been tried, but with limited success. Since Penn State is not located close to a metropolitan center, a visit to a medical school, a large teaching hospital, a major mental hospital, or a local health department is an all-day trip. This means that students may miss one or more classes. The demands on faculty time are equally great. Some faculty members have sought to avoid these difficulties by suggesting that students visit certain health programs while they are home on vacation and report on them when they return to campus.

Another important requisite for an effective professional program is small classes to permit discussion and individualized instruction. Course enrollments are too large in the judgment of both faculty and students. Anticipating a surge in enrollment in 1974-75, the faculty recommended that classes be limited to 20 to 30 students, or slightly more in Medical Care Organization and Public Health Administration. Classes of this size would have been possible with the nine full-time faculty members originally planned, but the number available did not permit this limitation of class size.

Administrative Structure

The program in health planning and administration at Penn State is part of the division of biological health in the College of Human Development. The college, an interdisciplinary unit focusing on the human service professions, is organized so as to facilitate faculty interaction and collaboration in teaching, research, and community service. The director of the division of biological health assigns personnel and allocates all resources not only for the HPA program but also for the programs in nutrition and nursing. Decisions on allocation of resources for the HPA program are based on advice from undergraduate and graduate professors-in-charge, but these professors have no control of resources. These professors, moreover, are assigned to lead the same faculty group, an arrangement that can make effective leadership difficult, particularly in periods of budget constriction. At Penn State, this arrangement

has facilitated the assignment of undergraduate resources to the developing graduate program, resulting in classes larger than desirable and scheduling problems.

Universities are increasingly seeking new administrative forms to facilitate faculty interaction, interdisciplinary work, and budget flexibility, all worthy goals. The Penn State experience suggests, however, that non-traditional administrative arrangements should be adopted with caution. It indicates that nondepartmental structures, while theoretically inviting, can result in policies and practices which create problems, particularly if there are both baccalaureate and graduate programs in the same professional area, since the reward system in a university normally favors graduate education. The Penn State experience also suggests that there should be a single academic leader for both undergraduate and graduate programs, with control of resources, to provide the leadership necessary for a constructive balance between the two programs.

Accreditation and Standards

The question of accrediting baccalaureate programs, or at least of establishing standards for recognition, arises with increased frequency. Initially, Penn State was opposed to both accreditation and standards, in the belief that regional accreditation of the university itself was sufficient. Also, there was some concern that accreditation might force the faculty into an academic straitjacket. Still another factor was the cost of accreditation; the total cost of accrediting all programs of a large university would indeed be significant.

Some of the faculty, however, recognize advantages in accreditation. Accreditation would provide, first, a review by a peer group of health professionals, which could contribute to improving the quality of the program. Such review might be particularly advantageous for health programs that are not in a medical center. It would offer, second, an opportunity to the college administration to obtain an independent, broad assessment of the program. Whether it would inhibit the development of inferior programs, however, is debatable. Certainly, the baccalaureate movement developed successfully in the face of considerable opposition from graduate programs. I would therefore be loath to propose anything that would prevent the development of innovative programs. On the other hand, there are new programs in regionally accredited institutions of higher education which have few resources and which have no recognized health professionals assigned full time. With some 90 colleges and universities currently entertaining the notion of launching baccalaureate programs in health planning and administration, some kind of screening does seem indicated—not to prevent their development, but to give reasonable assurance that programs meet certain criteria and, in the judgment of a peer group, are able to turn out competent professionals.

To meet this issue, the Association of University Programs in Health Administration in 1975 adopted mini-

mal criteria for admission of undergraduate programs to full voting membership. The program must (a) be part of a regionally accredited institution of higher learning, (b) have graduated at least one class, (c) have two full-time faculty members, one of whom has a degree or experience related to health care administration, and (d) have a statement of program objectives.

Some educators in the health field say these criteria should be strengthened, but the undergraduate programs are understandably reluctant to move too rapidly for reasons already noted. Yet, it seems clear that for professional programs the regional accrediting system of the university is not adequate. Some middle ground, therefore, between standards that could lead to guild-like walls with excessive compartmentalization and weak or no standards at all needs to be established.

Conclusion

Progress to date in Pennsylvania State University's undergraduate program to train health planners and administrators indicates considerable success. An increasing number of students are being attracted to the program, and students have expressed overall satisfaction with their training, although a significant number are currently unhappy with the large classes necessitated by insufficient faculty. The students, both present and past, are notably appreciative of the faculty. Graduates have found employment in a wide variety of health agencies, and available information suggests that employers are generally satisfied.

Several issues which affect quality and long-term survival of the program need to be considered. First, an appropriate mix of professional and nonprofessional courses must be maintained. Second, small classes and field experiences are important to a successful undergraduate professional curriculum. Third, an appropriate balance must be struck between the undergraduate and graduate programs in allocation of resources so that the undergraduate program is not called upon to subsidize the more rewarding graduate program. Fourth, an accrediting process needs to be established to give some assurance that graduates are reasonably competent.

References

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